plication or Docket Number

| PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1,:2000 | | | | | RSW920010 70USI | | | | |
|--|--------------------|-------------------------------------|------------------|---------------|-----------------|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALI TYPE | EN | miy ⊒ | OR | OTHER SMALL | |
| TOTAL CLAIMS 19 | 20 | | | RAT | ΕŢ | FEE | 1 | RATE | FEE |
| FOR | NUMBER FILED | NUMB | - NUMBER EXTRA | | FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS 20= | | • | 0 | X\$ 8 | H | | OR | X\$18= | • , |
| INDEPENDENT CLAIMS 6 minus 3 = | | | 3 | X40 | - | | OR | X80= | 24000 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +135 | _ | | | +270= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TOTA | _ | | OR | TOTAL | 9500D |
| CLAIMS AS AMENDED - PART II | | | | | <u>ب</u> ا | | JOH. | OTHER | |
| (Column 1) (Column 2) (Column 3) | | | | SMA | LL E | | OR | SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT | 'NU | MEST MBER NOUSLY D FOR | PRESENT | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 20 | Minus 2 | 20 | -D1 | X\$ 8 | ď | | OR | X\$18= | |
| Independent • | Minus ••• | 6 | -0 | X40 | 3 | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +135 | | | OR | +270= | |
| | | | | | TAL | | OR | TOTAL ADDIT, FEE | |
| ADDIT. FEEON ADDIT. | | | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent O | NU PRE | AHEST IMBER VIOUSLY ID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • Q | Minus •• | 2 0 | - Ø | X\$ 9 | = | | OR | · X\$18= | |
| Independent • | Minus ••• | 6 | -0 | X40 | | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +13 | _ | | OR | +270= | |
| | | | • | 10 | TAL | | OR | TOTAL | |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | | | |
| CONTINUE OF A CO | PILI NIL PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 20. | Minus | 19 | = \ | XS |) <u>.</u> | | OR | X\$18= | Ï |
| Independent • | Minus | 6 | - | X40 | - | - | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | _ | | 1 | +270= | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. | | | | | ia TAL | | OR OR | TOTAL | |
| "If the Highest Number Previously Paid F of IN THIS SPACE is less than 20, enter "20." "If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." The Richest Number Previously Paid For (Total or Indep Indent) is the highest number found in the appropriate box in column 1. | | | | | | | | | |